

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
AFFIDAVIT TO CORRECT A RECORD

Identifying information about the registrant as it appears on the original record:

A. Name of Registrant Truman Edward Matheson B. File No. 5232
 C. Date ~~Birth~~ May 17, 1963 D. Place Pima Tucson
 { Death Mo. DAY YEAR COUNTY CITY

E. ITEM ON CERTIFICATE		F. THE FOLLOWING FACTS ARE INCORRECTLY STATED ON ORIGINAL RECORD:	G. THE FACTS SHOULD BE STATED AS FOLLOWS TO BE CORRECT:
1	<u>Decedent's birthdate</u>	<u>March 21, 1900</u>	<u>March 23, 1900</u>
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9			

STATE OF Ariz }
 COUNTY OF Pima } ss.

I, the affiant, related as Widow to the person named on line A of this document, do solemnly swear that to the best of my knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE Walter E. Matheson

AFFIANT'S ADDRESS 532 East Mohave Tucson Ariz

Subscribed and sworn to before me this 27th day of June, 1963

Notary Public A. Hesselberg

My Commission Expires 5-23-65 Address City Hall

STATE OF Ariz }
 COUNTY OF Pima } ss.

I, the affiant, related as Daughter to the person named on line A of this document, do solemnly swear that to the best of my knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE Louise Mivison

AFFIANT'S ADDRESS 924 E. Roger Rd.

Subscribed and sworn to before me this 27th day of June, 1963 Tucson, Arizona

Notary Public A. Hesselberg

My Commission Expires 5-23-65 Address City Hall

Tucson, Arizona